## L14000145628

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PALLAHASSEE FLORIDA

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## **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:		AGNOSTIC IMAGING SOLU	JTIONS, LLC	
SOBJECT.		Name of Limite	ed Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		Jed Berman		
			Name of Person	<del></del>
		Infantino and Berman		
			Firm/Company	
		P.O. Drawer 30		
			Address	
		Winter Park, Florida 32790		
			City/State and Zip Code	
		jberman@infantinoberman.co		
		E-mail address: (to	be used for future annual report notificati	on)
For further in	formation con	cerning this matter, please call	l:	
Jed Berman			407 644-4673 at ()	
	Name of Po	erson	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the t	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TÓ:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL DIAGNOSTIC IMAGII	NG SOLUTIONS, LLC				
(Name of the Limi	ted Liability Company as (A Florida Limited Liabil	it now appears on our records.)  Ity Company)		_	
The Articles of Organization for this Limited L Florida document number L14000145628	iability Company were	e filed on 09/17/2014	and	assig	ned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability	company here:			
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or t	he abbreviation	ı "L.L.0	<del></del>
Enter new principal offices address, if applic	cable:		·	-[2]-	
(Principal office address MUST BE A STREI	ET ADDRESS)			ವಾ	MAC TO L
			228		ECHANA.
			셨는	0	ATTEMATED IN
Enter new mailing address, if applicable:			-1 ( <u>)</u>	70	1 7
(Mailing address MAY BE A POST OFFICE BOX)			; <u></u> : 7	<u></u>	
				Ð6	
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, en	ter the na	me of	the new
Name of New Registered Agent:	Jed Berman				
New Registered Office Address:	180 S. Knowles Ave	e., Ste. 7			
		Enter Florida street address			_
	Winter Park	. Florid	32789		

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = 'Manager AMBR = Authorized Member				
<u> </u>	<u>Name</u>	Address	Type of Action	
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			□ Remove	
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Filing Fee: \$25.00